VILLAGE OF BELLEVILLE
REQUEST FOR SERVICE / COMPLAINT FORM

Please use a separate form for each complaint
RETURN TO VILLAGE HALL

Please complete all appropriate information. We may contact you if we have additional questions or need more information. For complaints about police officers, utility bills, or access to public buildings, programs, services or employment (ADA), please ask for the separate form to use instead of this one.

DATE: ____________________ NAME: ________________
ADDRESS: ____________________ PHONE/EMail: ____________________
LOCATION OF COMPLAINT ____________________

REQUEST OR COMPLAINT
(Must be verifiable Be Specific. You may attach additional information):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

HOW WOULD YOU LIKE TO SEE THIS RESOLVED?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

WRITTEN RESPONSE REQUESTED? ____________ Yes ____________ No

SIGNATURE (Required): ________________________________________

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OFFICE USE ONLY – Please attach any correspondence and response

REFERRRED TO DEPARTMENT: ✓
Utilities (Billing – Use Separate Form)
Police / Public Safety
Accessibility/ADA – Use Separate Form
Building / Zoning
Administration
Parks or Weeds
Streets or Construction
Committee*: Liquor / Tobacco Complaint – see committee policy

Date Received: ____________________
Sent to: ____________________
Date Responded: ____________________
Response By: ____________________
Ord./Policy Ref: ____________________
Action or Recommendation: ____________________